

FORMS FOR BID

FOR CONSTRUCTION ON STATE HIGHWAY IN SANTA CLARA COUNTY AT FRAZIER LAKE ROAD INTERSECTION

In District 04 On Route 152 Under

Notice to Bidders and Special Provisions dated May 2, 2016

Standard Specifications dated 2010

Project plans approved January 19, 2016

Standard Plans dated 2010

Applicable to

Electronic *Bid* book dated May 2, 2016 Identified by Contract No. 04-0G7204 04-SCI-152-11.9 Project ID 0400001989

Federal-Aid Project ACHSNHP-P152(087)E

DBE - COMMITMENT

DES-OE-0102.10D (REV 12/2014)

ADA Notice

CONTRACT NO:						
BID AMOUNT:						
\$						
BID OPENING DATE:						
BIDDER'S NAME:						
DBE GOAL FROM CONTR	ACT %:					
DBE PRIME CONTRACTO	R CERTIFICATION ¹ :	TOTAL NUMBER OF A	LL SUBCONTRACTS (DBE &	NON-DBE)	TOTAL VALUE OF ALL SUBCONTRA	CTS (DBE & NON-DBE)
BID ITEM NO.	SERVICES TO BE S	ND DESCRIPTION OF RUBCONTRACTED OR D BE PROVIDED ²	WORK CATEGORY CODES ³	opened.	NAME OF DBEs st be certified on the date bids are include Caltrans' certification no., DBE s, and phone number. Show 2nd and lower tier subcontractors)	AMOUNT (\$)
Show all DBE firms being each DBE shown stating shown for the specific an	that it will be participat		written confirmation from erform the specific work		Total Claimed Participation	<u>\$</u>
The names of the 1st tier			be consistent with the			%
Subcontractor List (Pub 0 Bach DBE prime contral performed by DBEs, incli	ctor must enter its certi	fication number and sh	ow all work to be		er acknowledges that it is comm own on this form to meet the cor	itted to use the
² If 100% of an item is not the item to be performed		nished by the DBE, de	scribe the exact portion of			
³ Use Work Category Cod	des from the California	Unified Certification Pr	ogram database.	Sig	gnature of Bidder	
				Da	te (A	rea Code) Tel. No.
				Pe	rson to Contact (Ple	ease Type or Print)

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DBE CONFIRMATION

DES-OE-0102.13 (NEW 05/2015)

	<u> </u>		
Contract no.:			
Name of DBE business:			
Name of DBE representative:			
DBE certification number:			
Name of bidder:			
Name of prime contractor if di	fferent from the hidder:		
Name of representative of bid	der or prime contractor.		
Date:			
Bid item number	Item of work and description of services to be subcontra	cted or materials to be provided ¹	Amount (\$)
¹If 100% of an item is not to b	e performed or furnished by the DBE, describe the exact	Total	
portion of the item to be perf	ormed or furnished.	As an authorized representative or enterprise, I confirm that my busin prime contractor shown above regithe bidder is awarded the contract contractual agreement with the bid the type and dollar amount of worldorm.	dder or prime contractor to perform k shown on the DBE Commitment at the foregoing is true and correct.
		Title of DBE's authorized repre	esentative:

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STATE OF	CALIFORNIA :	. DEDARTMENT	OF TRANSPORTATION

	OCHMENTAT	

DES-OE-0102.11A (REV 12/2014)

Bidder's Name:	
Contract No.: _	

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List items of work the Bidder made available to DBE firms. Identify items of work the Bidder might otherwise perform with its own forces, items that have been broken down into economically feasible units to facilitate DBE participation, and items for which the Bidder has established flexible time frames for performance and delivery schedules in a manner that encourages and facilitates DBE participation. For each item listed, show the dollar value and percentage of the total contract. The Bidder must demonstrate that sufficient work to meet the goal was made available to DBE firms.

ltem of Work Offered, Services Offered, or Materials Supplied	Perfori	Normally ns Item s/No	Facilitate F	en Down to Participation s/No	for Performan Sche	xible Timeframes ce and Delivery edules s/No	Amount (\$)	Percentage of Total Bid
	YES	Пио	YES	Пио	YES	□ №		
	YES	□ио	YES	Пио	YES	□ NO		
	YES	Пио	YES	Пио	YES	□ NO		
	YES	□ №	YES	Пио	YES	□ NO		
	YES	□ №	YES	Пио	YES	□NO		
	YES	□ №	YES	Пио	YES	□ NO		
	YES	□ №	YES	NO	YES	NO		
	YES	□ №	YES	Пио	YES	□ NO		
	YES	□ №	YES	Пио	YES	□ NO		
	YES	□ №	YES	Пио	YES	□ NO		
	YES	□ио	YES	Пио	YES	□ NO		
	YES	Пио	YES	Пио	YES	□NO		
	YES	□ №	YES	Пио	YES	□NO		
	YES	□ио	YES	Пио	YES	□ NO		
	YES	Пио	YES	Пио	YES	□ №		
	YES	□ №	YES	Пио	YES	□ NO		
	YES	□ио	YES	Пио	YES	□ NO		
	YES	□ №	YES	Пио	YES	□ NO		
	YES	Пио	YES	Пио	YES	□ NO		
	YES	NO	YES	Пио	YES	□NO		

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1100		CALID	FFFUR IS		

Bidder's Name:	
Contract No.:	

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					nclude the items of work offered a a copies of solicitations. e-mail me		
Name of DBE Solicited		Date of In	itial Solicitation	ltems o	f Work Offered	Follow Up Me	thods and Dates
DBE, the DBEs that pro-	vided quotes, th	e price quote for ea	ach firm, and the price		specific to the items of work being Eifthe selected firm is not a DBE act.		
Items of Work	Specifications	led Plans/ for Work Offered es/No	Name of Selected Firm	DBE or Non-DBE	Name of Rejected Firm	Quote (S)	Price Difference (\$)
	YES	Пио					
	YES	Ои					
	YES	Ои					
	YES	Ои					
	YES	Ои					
	YES	Ои					
	YES	ОИ					
	YES	Ои					
	YES	Ои					
If the firm selected for the Provide evidence as to					nd attach names, addresses, and	phone numbers for the	firms listed above.

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 	EALLE		

Bidder's Name	
Contract No.: _	

DBE GOOD FAITH EFFOR DES-OE-0102.11A (REV 12/2014)	CT3 DOCOMENTATION		Page 3 of 3		
Describe the Bidder's outreach efforts to ide documents.	entify and solicit the interest of all certified DBE	s that have the capability to perform the work o	f the Contract, Provide copies of supporting		
Description of Outreach Dates Location (if applicable) Res					
		about the plans, specifications, and requiremen			
responding to a solicitation. Identify the DBEs	assisted, the type of information provided, and	the date of the contracts. Provide copies of su	pporting documents.		
Describe the Bidder's efforts made to assist dates. Provide copies of supporting document		credit, or insurance. Identify the DBEs assisted	d, the type of assistance offered, and the		
equipment the DBE purchases or leases from documents. List efforts made to assist interest	the prime contractor or its affiliate. Identify the ed DBEs in obtaining bonding, lines of credit, in	ment, supplies, materials, or related assistance DBEs assisted, the type of assistance offered, nsurance, necessary equipment, supplies, mat e contractor or its affiliate, Identify the DBE ass	and the dates. Provide copies of supporting erials, or related assistance or services.		
8. List the names of agencies and the dates or provide copies of supporting documents.	n which they were contacted to provide assista	nce in contacting, recruiting, and using DBE fir	ms. If the agencies were contacted in writing,		
9. Include additional data to support a demons	stration of good faith efforts.				
NOTE: USE ADDITIONAL SHEETS OF PAPE	ER IF NECESSARY.				

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